

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445172	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2014
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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION-SMITH COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

112 HEALTH CARE DR
CARTHAGE, TN 37030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 027 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire rated doors in smoke barriers.</p> <p>The findings included:</p> <p>On 4/6/14 at 1:15 PM, during testing of the resident room 310 entry door, observation revealed the finished veneer on the door was disintegrating.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit conference on 4/6/14.</p>	K 027	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K027</p> <p>It is the practice of this Center to provide smoke barriers that have 20-minute fire protection rating or at least 1 1/4 inch thick solid bonded core door. The door to resident room 310 was repaired on 04/14/14. A tour of the Center to inspect each resident room door by the Plant Operations Director was conducted by 04/30/14. Any door to be found deficient to be repaired or replaced. The Plant Operations Director to check resident room doors for condition and fire safety as part of the Center PM Program monthly for 3 months and Quarterly thereafter. Results to be posted in the PM Maintenance Log and reported to the Center Safety Committee. Continued compliance will be assured through monitoring by Plant Operations Director and Administrator. Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the Performance Improvement Committee (QAA) Committee. Documentation in the PM Logs are reviewed by the Safety Committee and the Facility Performance Improvement (QAA) Committee at its regularly scheduled meetings to ensure continued compliance..</p>	05/20/14
K 067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SMITH COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
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K 067	Continued From page 1 This STANDARD is not met as evidenced by: Based on testing and observations, it was determined the facility failed to maintain the Heating Ventilation and the Air-Conditioning system. The findings included: On 4/6/14 at 12:38 PM, during testing of the exhaust fan within the first floor hall bathroom observation revealed the unit was not working. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview. NFPA 101 LIFE SAFETY CODE STANDARD	K 067	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> MISCELLANEOUS. The membership of the Safety Committee is: Admin, DON, Staff Development Dir, Directors of: Soc Services; Act; Payroll & Benefits; Dietary Services, Hskg/Laundry, Maintenance and representatives of CNT, Housekeeping/Laundry and Dietary. The Membership of the PI (QA) Committee is: Medical Dir, Admin, DON, ADON; MDS Coordinator, Staff Development Dir, Directors of: Soc Services; Act; Business Ofc; Dietary Services, Hskg/Laundry, Maintenance, Med Records and PI (QA) Team Leader(s). The Administrator is responsible for overall compliance K067		
K 147- SS=D	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on testing and observation it was determine the facility failed to maintain the electrical equipment. The findings included: On 4/6/14 at 3:10 PM, testing of the Ground Fault Circuit Interrupter unit in resident room 608 revealed the unit did not trip. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview.	K 147	It is the practice of this Center to Meet NFPA 101 Life Safety Code Standard 19.5.2.1, 9.2 NFPA 90A, 19.5.2.2 and maintain Heating Ventilation and the Air- Conditioning System. The exhaust fan in the first floor bathroom was repaired 04/14/14. A tour of the Center to inspect each exhaust fan by the Plant Operations Director was conducted by 04/30/14. Any exhaust fan to be found deficient to be repaired or replaced. The Plant Operations Director to exhaust fans as part of the Center PM Program monthly for 3 months and Quarterly thereafter. Results to be posted in the PM	05/20/14	

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		K 067	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Maintenance Log and reported to the Center Safety Committee. Continued compliance will be assured through monitoring by Plant Operations Director and Administrator. Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the Performance Improvement Committee (QAA) Committee. Documentation in the PM Logs are reviewed by the Safety Committee and the Facility Performance Improvement (QAA) Committee at its regularly scheduled meetings to ensure continued compliance..</p> <p>MISCELLANEOUS. The membership of the Safety Committee is: Admin, DON, Staff Development Dir, Directors of: Soc Services; Act; Payroll & Benefits; Dietary Services, Hskg/Laundry, Maintenance and representatives of CNT, Housekeeping/Laundry and Dietary. The Membership of the PI (QA) Committee is: Medical Dir, Admin, DON, ADON; MDS Coordinator, Staff Development Dir, Directors of: Soc Services; Act; Business Ofc; Dietary Services, Hskg/Laundry, Maintenance, Med Records and PI (QA) Team Leader(s). The Administrator is responsible for overall compliance</p>	

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